PTO/SB/17 (12-04v2)
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|--|-------------------|--|------------------------|------------|---------------------------|-------------|--------------------------|
| Fees pursuant to the Consolidat  |                   |  | Application Nun        | nber       | 09/756,649-Co             | nf. #1507   |                          |
| FEE TRA  | Filing Date       |  | January 3, 2001        |            |                           |             |                          |
| For FY 2005  |                   |  | First Named Inv        |            | Eugene De Juan, Jr.       |             |                          |
|  | 1 200             | ···  | Examiner Name          |            | J. A. Jeffery             |             |                          |
| X Applicant claims small   |                   |  | Art Unit               |            | 3742                      |             |                          |
| TOTAL AMOUNT OF PAY  | MENT              | (\$) 1,030.00                                | Attorney Docket        | No.        | 55535(71699)              |             |                          |
| METHOD OF PAYMEN   | T (check all      | that apply)                                  |                        |            |                           |             | <u> </u>                 |
| Check Credit C   | ard               | Money Order No                               | one Other (            | please ide | ntify):                   |             |                          |
|  | Deposit Accoun    |  | Deposit Account Na     |            |                           | ngell, LLF  | ·                        |
|  | •                 | t account, the Director i                    | <u> </u>               | •          | * * * * *                 |             |                          |
| x Charge fee(s)  | indicated b       | elow   | Charg                  | e fee(s) i | ndicated below, ex        | cept for th | e filing fee             |
| X Charge any action (s) under 3  |                   | (s) or underpayment of<br>and 1.17           | x Credit               | any over   | payments                  |             |                          |
| FEE CALCULATION  |                   |  |                        |            |                           |             |                          |
| 1. BASIC FILING, SEARCH  |                   |  | ADOU EEEO              | EVANA      | INIATION CCC              |             |                          |
|  | FILII             | NG FEES SE<br>Small Entity                   | ARCH FEES Small Entity | EXAM       | INATION FEES Small Entity |             |                          |
| Application Type   | Fee (\$)          | Fee (\$) Fee (\$                             | Fee (\$)               | Fee (\$    |                           | Fees P      | aid_(\$)                 |
| Utility  | 300               | 150 500                                      |                        | 200        | 100                       |             |                          |
| Design   | 200               | 100 100                                      |                        | 130        | 65                        |             |                          |
| Plant  | 200               | 100 300                                      |                        | 160        | 80                        |             |                          |
| Reissue  | 300               | 150 500                                      |                        | 600        | 300                       |             |                          |
| Provisional  | 200               | 100 0  | 0 .                    | 0          | 0                         |             |                          |
| 2. EXCESS CLAIM FEES   |                   |  |                        |            |                           | Fee (\$)    | Small Entity<br>Fee (\$) |
| Fee Description Each claim over 20 (includi  | ng Reissue        | s)   |                        |            |                           | 50          | 25                       |
| Each independent claim over  | _                 | •  |                        |            |                           | 200         | 100                      |
| Multiple dependent claims  | •                 | ,  |                        |            |                           | 360         | 180                      |
| Total Claims Extra   | Claims            | Fee (\$) Fee                                 | Paid (\$)              |            | Multiple Depende          | nt Claims   | :                        |
| - 20 =   | x .               | =  | ·                      | ļ          | Fee (\$) <u>F</u>         | ee Paid (\$ | )                        |
| Ladar Olabara - Fadar  | 01-1              | F (f) F                                      | Doid (ft)              | _          |                           |             | _                        |
| Indep. Claims Extra  | Claims x          | Fee (\$) Fee                                 | Paid (\$)              |            |                           |             |                          |
| 3. APPLICATION SIZE FEE  |                   |  |                        |            |                           |             |                          |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer  |                   |  |                        |            |                           |             |                          |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50  |                   |  |                        |            |                           |             |                          |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) |                   |  |                        |            |                           |             |                          |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 (round up to a whole number) x =                              |                   |  |                        |            |                           |             |                          |
| 4. OTHER FEE(S)  Fees Paid (\$)  |                   |  |                        |            |                           |             |                          |
| Non-English Specification, \$130 fee (no small éntity discount)  |                   |  |                        |            |                           |             |                          |
| Other (e.g., late filing su  |                   | 2501 Utility issue fe                        |                        |            |                           |             | 0.00                     |
|  |                   | 8001 Printed copy of<br>1504 Publication fee |                        |            | normal                    |             | 0.00<br>0.00             |
| OUD-WESTER BY  | <del></del>       | .co. rabiloation let                         |                        | , 01       |                           |             |                          |
| SUBMITTED BY Signature Registration No. 33,860 Telephone (617) 439-4444  |                   |  |                        |            |                           |             |                          |
| <u> </u>   |                   | V  | (Attorney/Agent)       | 33,00      |                           | •           |                          |
| Name (Print/Type) Peter F. (   | Corless           |  |                        |            | Date                      | January 1   | 4, 2005                  |
|  |                   |  |                        |            |                           |             |                          |

|                         | is being deposited with the U.S. Postal Service as Expresoner for Patents, P.O. Box 1450, Alexandria, VA 22313-1 |                |
|-------------------------|--|----------------|
| Dated: January 14, 2005 | Signature: Susan - Oillon  | (Susan Dillon) |

## JAN 1 8 2005

PART B - FEE(S) TRANSMITTAL

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| Susan M. Dillon | (Depositor's name) |
|-----------------|--------------------|
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| 1/14/05         | (Date)             |
|                 |                    |

| <br>            | <del></del> |                      |                     |                  |  |  |
|-----------------|-------------|----------------------|---------------------|------------------|--|--|
| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |  |  |
| 09/756.649      | 01/03/2001  | Eugene de Juan IR    | 55535 (1699)        | 1507             |  |  |

TITLE OF INVENTION: SURGICAL DEVICES AND METHODS OF USE THEREOF FOR ENHANCED TACTILE PERCEPTION

| APPLN. TYPE  | SMALL ENTITY   | ISSUE FEE  |  | PUBLICATION FEE   | TOTAL FEE(S) DUE                                | DATE DUE                     |
|--|--|--|--|---|---|------------------------------|
| nonprovisional   | nonprovisional NO \$13   |  | )  | \$300   | \$1670  | 02/17/2005                   |
| EXA  | MINER  | ART UN   | IT   | CLASS-SUBCLASS  |   |                              |
| JEFFER   | Y, JOHN A  | 3742   |  | 606-001000  | •   |                              |
| CFR 1.363).  Change of correspondedress form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AN PLEASE NOTE: Unles  | ation (or "Fee Address" Indic<br>or more recent) attached. Us<br>D RESIDENCE DATA TO E   | Correspondence ation form e of a Customer BE PRINTED ON Telow, no assignee | (1) the na or agents (2) the na registered 2 register listed, no THE PATEN data will appropriate the control of the patents of | pear on the patent. If an assign  | a member a es of up to no name is 3             | r F. Corless rds & Angell, L |
| recordation as set forth in 37 CFR 3.11. Completion of this form is NC  (A) NAME OF ASSIGNEE  (I)  The Johns Hopkins University  Please check the appropriate assignee category or categories (will not be p |  |  | ) RESIDEN  | CE: (CITY and STATE OR COU  | ryland  | roup entity Government       |
| 4a. The following fee(s) ar  Issue Fee   | e enclosed: small entity discount permitte   | 4b.  | Payment of A check Payment The Dir   |   | closed. It is attached. The required fee(s), or |                              |
| a. Applicant claims  | s (from status indicated above<br>SMALL ENTITY status. See<br>) is requested to apply the Iss<br>Publication Fee (if required)<br>cords of the United States Pat | 37 CFR 1.27.   | ☐ b. Applie  | cant is no longer claiming SMAl<br>ny) or to re-apply any previousl<br>e other than the applicant; a regi | LL ENTITY status. See 37 C                      | CFR 1.27(g)(2).              |
| Authorized Signature   | Peter F. Corl  | Less   |  | Date  | Anuary 14,<br>No. 33,860                        | 2005                         |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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